



.../.../20...

T.C.
ISTANBUL GEDİK UNIVERSITY
INSTITUTE OF
DEFENSE DATE FORM

As the result of meeting with defense jury members; the defense exam for the student with the ID..... of the Program which I currently supervise, will take place at .../.../20..., at.....O`clock. I kindly request that the necessary steps be taken for the next procedure.

Sincerely,

Thesis Supervisor

Name – Surname

Signature

Thesis Topic:

.....
.....
.....

Institute Approval

Meeting Room :.....

Institute Secretary :.....

Signature :.....